

Application for Reciprocity Benefits

Minnesota-North Dakota Reciprocity Program

Academic Year - 2007-2008

Fall 2007-Summer 2008

MINNESOTA		NORTH DAKOTA																																
MINNESOTA OFFICE of HIGHER EDUCATION (OHE) Reciprocity Program 1450 Energy Park Dr, Ste 350 St Paul MN 55108-5227 (651) 642-0567 or 1-800-657-3866 www.getreadyforcollege.org <i>MN residents are no longer required to submit a paper application if they apply on OHE Web site.</i>		NORTH DAKOTA DEPARTMENT OF CAREER & TECHNICAL EDUCATION (CTE) Reciprocity Program 600 E Boulevard Ave, DEPT 270 Bismarck ND 58505-0610 (701) 328-2288 Fax (701) 328-1255 www.state.nd.us/cte/ <i>ND residents may apply online on the CTE Web site.</i>																																
NORTH DAKOTA UNIVERSITY SYSTEM (NDUS) Reciprocity Program State Capitol, 10 th Floor 600 E Boulevard Ave, DEPT 215 Bismarck ND 58505-0230 (701) 328-4113 www.ndus.nodak.edu <i>ND residents may apply online at the NDUS Web site.</i>																																		
Complete application form and mail to appropriate agency as indicated above																																		
1. Name (last, first, middle initial):		<div style="text-align: center; font-weight: bold; font-size: small;">FOR OFFICE USE ONLY</div> <table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td rowspan="5" style="padding-left: 5px; vertical-align: middle;">County Origin Major Class Terms School</td> </tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <div style="margin-top: 10px;">Received _____</div>								County Origin Major Class Terms School																								
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2. Social Security Number:	3. Birthdate (mm/dd/yy):	4. County of Residence:																																
5a. Home Address (street address, city, state, zip code):																																		
5b. I (student) have resided at this address since ____/____/____ (month/date/year).																																		
5c. If you have lived at this address for less than one year, list addresses and dates of prior places of residence for the previous five years in the space provided on the back of this application.																																		
5d. If you have not resided in the state where you are claiming residency during the past twelve months, explain any circumstances that may entitle you to reciprocity benefits (use the back of this form or a separate piece of paper).																																		
5e. Address while attending school during the 2007-08 academic year, if known (street, address, city, state & zip code):																																		
6. Name of High School Attended:	City:	State:	Year Graduated:																															
7. Parent's or Guardian's Name:	Telephone No. () _____ - _____	Parents Resided Here Since: _____/_____/_____																																
Street Address:	City, State & Zip code:																																	
8. Are you currently in the Military? NO () YES () -- If YES, stationed at (Base, City, State): _____ <div style="text-align: center; font-size: small;">If yes, attach documentation showing home of record.</div>																																		
9. Are you a U.S. Citizen? YES () NO () If NO, enclose a photocopy of your visa/green card or I-94 visa.																																		
10. Name and location of college/university that you plan to attend for the 2007-08 academic year and for which you are seeking tuition reciprocity:																																		
11. Career & Technical Ed: Class Level 1 st Year () 2 nd Year () Higher Ed: Fresh. () Soph. () Jr. () Sr. () Other ()		Higher Ed Graduate ()	Professional: Medicine () Dentistry () Pharmacy () Veterinary Medicine ()																															
12. Terms of Enrollment: FALL 2007 () SPRING 2008 () SUMMER 2008 () check all that apply																																		
13. Course of Study/Major:																																		
14. List colleges that you <u>previously attended</u> , <u>are currently attending</u> , and <u>dates of enrollment</u> (from MM/DD/YY to MM/DD/YY) at each institution in the space provided on the back of this application form																																		

15. Did you receive reciprocity in any prior years? () NO () YES If YES, name of institution _____ from ____/____/____ to ____/____/____	
16. Were you or will you be claimed as a dependent? a. On parents or guardian's 2006 Federal/State Income Tax? NO () YES () If yes, what state? _____ b. On parents or guardian's 2007 Federal/State Income Tax NO () YES () If yes, what state? _____	
17. Did you or will you claim yourself? a. On your 2006 Federal/State Income Tax? NO () YES () If yes, what state? _____ b. On your 2007 Federal/State Income Tax? NO () YES () If yes, what state? _____	
18. What was your status in 2006? a. Employed? NO () YES () If yes, dates employed _____ b. Full-time Student? NO () YES () If yes, institution _____ c. Part-time Student? NO () YES () If yes, institution _____ d. Graduate Assistant? NO () YES () If yes, institution _____ e. Other? NO () YES () If yes, explain _____	

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT. IF THE APPLICATION IS NOT COMPLETE, IT WILL BE RETURNED TO THE APPLICANT FOR COMPLETION. THE APPLICATION MUST BE SUBMITTED TO THE APPROPRIATE AGENCY BY THE DEADLINE IN ORDER TO BE CONSIDERED. See instruction sheet for information regarding deadlines.

CERTIFICATION

I HAVE READ THE INSTRUCTIONS ON THE ATTACHMENT TO THIS APPLICATION CONCERNING MY RESPONSIBILITIES. I declare under penalty of criminal laws of the state of North Dakota/Minnesota that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Applicant's Signature: _____	
E-mail address: _____	
Date: _____	Telephone Number: (include area code) () _____ - _____

If you have additional comments, please use this space or attach paperwork if necessary.